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BUREAU of LABOR & INDUSTRIES

Civil Rights Questionnaire

Are you contacting BOLI about something that occurred in Oregon? ☑ Yes ☐ No

This complaint is against (check all that apply):
- ☐ A federal agency (includes US Postal Service)
- ☐ A federally recognized tribe or an entity owned by a federally recognized tribe
- ☑ A State or Public Body
- ☐ None of the above

Are you represented by an attorney? ☐ Yes ☑ No

Have you filed a legal action regarding this matter?
☐ Yes ☑ No ☐ Unsure

Are you completing this form on your own behalf or for another person? ☑ Myself ☐ Another person

Do you require an accommodation based on a disability to access BOLI services?
☑ Yes ☐ No

Do you need help to read or write?
☐ Yes ☑ No

Please select the accommodations you are requesting.

- ☐ American Sign Language (ASL) interpretation
- ☐ Tactile Interpretation
- ☐ Video Relay Service (VRS)
- ☐ Real-time captioning
- ☐ Speech-to-speech relay
- ☐ Large-print documents
- ☐ Screen-reader compatible documents
- ☐ Qualified notetaker
- ☐ Qualified reader
- ☐ Assistance with filling out paperwork
- ☐ Longer appointment times
- ☐ I am unable to read and/or write
- ☑ Other

If you would like to request an additional accommodation, please enter it in the space below.

All correspondence must be in writing for proper record keeping please.

COMPLAINANT INFORMATION

Complainant Legal First Name
SIERRA

Complainant Legal Middle Name or Initial
VANESSA

Complainant Legal Last Name
CARBARY

Complainant Preferred Name
SIERRA

Complainant Pronouns
SHE/HER

I would like BOLI to communicate with me in a language other than English. ☐ Yes ☑ No

Complainant Preferred Language
English

Complainant Address Type
Home

Complainant Address (Number and Street)
1840 ONYX ALY (NOT CERTIFIED FOR OCCUPANCY)

Complainant Address (Apt#/Suite#)
APT B (NOT CERTIFIED FOR OCCUPANCY)

Complainant City
EUGENE

State
OR

Zip Code
97403

Complainant Phone#
458-250-1070

Phone Type
Cellular

Complainant Email
svc87@duck.com

Email Type
Home ☑ Preferred

Is there an alternate person to contact in case we can not reach you? ☐ Yes ☑ No

What is your complaint about?

- ☐ Violation of Workplace Rights
- ☑ Housing Protections
- ☐ Discrimination in a place of public accommodation
- ☐ Discrimination by a vocational, professional, or career school

CIVIL RIGHTS VIOLATIONS

Housing Discrimination

Property Involved

Name of property (if applicable)

Address of property involved (Number and Street)

1840 ONYX ALY (NOT CERTIFIED FOR OCCUPANCY)

Address of property involved (Apt#/Suite#)

APT B (NOT CERTIFIED FOR OCCUPANCY)

City	State	Zip
EUGENE	**OR**	**97403**

Type of property involved

- [ ] Single-Family (including condominiums and co-ops)
- [x] Residential Building containing 2-4 apartments
- [ ] Residential Building containing 5+ apartments
- [ ] Mobile Home/Mobile Home Park
- [ ] Other

I am filing this complaint against

- [ ] Property Owner
- [ ] Property Management Company
- [ ] Onsite Manager
- [x] Other If other, please specify **CITY OF EUGENE GOVERNMENT**

Other

Other, Please describe
CITY OF EUGENE GOVERNMENT - CITY MAYOR, CITY MANAGER, CITY WARD, CODE & COMPLIANCE SUPERVISOR, INSPECTIONS SUPERVISOR

Number and Street
500 East 4th Avenue

Apt#/Suite#

City	State	Zip
Eugene	**OR**	**97401**

Does the property owner reside at the property?	☐ Yes	☑ No
Is your complaint about housing provided by your employer?	☐ Yes	☑ No
Are there other persons or organizations you wish to identify (e.g., Lender, Bank, Builder, Real Estate Agent)?	☐ Yes	☑ No

What was the most recent date you were harmed?
08/07/2026

To file a complaint, you must be able to identify a protected class as the reason for the events in your complaint.
Please select all that apply and explain what happened based on each protected class.

- ☐ Race/Color
- ☐ National Origin
- ☐ Religion
- ☑ Sex/Gender
- ☐ Sexual Orientation
- ☐ Gender Identity
- ☐ Family Status
- ☑ Disability
- ☐ Marital Status
- ☑ Source of Income (includes Section 8)

What is your sex/gender?
FEMALE

What happened to you because of your sex/gender?
Treated differently in the terms or conditions of the residency

Please describe in detail how the action was related to your protected class.

Date	The person who harmed you	The action they took against you
08/07/2026	**CITY OF EUGENE GOVERNMENT - CITY MAYOR, CITY MANAGER, CITY WARD, CODE & COMPLIANCE SUPERVISOR, INSPECTIONS SUPERVISOR**	**WILLFUL NEGLECT TO PROVIDE PUBLIC SERVICES UPON CONFIRMATION FROM PLANNING & DEVELOPMENT THAT MY DWELLING HAS NO CERTIFICATE OF OCCUPANCY. ALL CORRESPONDENCE & SERVICES STOPPED - INCLUDING THE CLOSURE OF CASE #2501591 WITHOUT RESOLUTION, INTERFERING WITH MY RELOCATION TO SAFE AND LEGAL HOUSING.**

Why do you believe the actions described above were based on your sex/gender?
I BELIEVE IF I WAS MALE, THEY WOULD NOT BE WITHHOLDING PUBLIC SERVICES FROM ME. THEREFORE THEIR ACTIONS ABOVE - I BELIEVE WERE DEPENDENT UPON MY GENDER.

Is anyone in your household substantially limited in a major life activity?

☑ Yes ☐ No

What happened because of the disability?

Treated differently in the terms or conditions of the residency

What life activity/activities does the disability impact?

Social Activities, Public Activities, Course Work, Task Completion, Emotional Regulation, Time Management, Stable Employment, Personal Hygiene,

How and when did your housing provider first become aware of the disability? If you informed your housing provider, please specify who you told (name and job title, if applicable).

Date	Name and Job Title of Person you told	How did your housing provider become aware of the disability.
07/15/2025	**CITY OF EUGENE GOVERNMENT - CITY MAYOR, CITY MANAGER, CITY WARD, CODE & COMPLIANCE SUPERVISOR, INSPECTIONS SUPERVISOR**	**EMAIL CORRESPONDENCE TO CITY OF EUGENE GOVERNMENT - CITY MAYOR, CITY MANAGER, CITY WARD, CODE & COMPLIANCE SUPERVISOR, INSPECTIONS SUPERVISOR**

☐ My housing provider is not aware of the disability.

Do you or a member of your household require a physical modification to the property or an accommodation to a rule or policy?

☐ Yes - physical modification

☐ Yes - accommodation to a rule or policy

☐ Yes - both

☑ No

☐ Unsure

Please describe how your housing provider discriminated against you or a member of your household on the basis of the disability (other than denial of reasonable accommodation/modification). For each action described, please provide the approximate date and the person who caused harm (name and job title).

Date	The person that caused harm	The action they took against you or a member of your household
08/07/2026	**CITY OF EUGENE GOVERNMENT - CITY MAYOR, CITY MANAGER, CITY WARD, CODE & COMPLIANCE SUPERVISOR, INSPECTIONS SUPERVISOR**	**WILLFUL NEGLECT TO PROVIDE PUBLIC SERVICES UPON CONFIRMATION FROM PLANNING & DEVELOPMENT THAT MY DWELLING HAS NO CERTIFICATE OF OCCUPANCY. ALL CORRESPONDENCE & SERVICES STOPPED - INCLUDING THE CLOSURE OF CASE #2501591 WITHOUT RESOLUTION, INTERFERING WITH MY RELOCATION TO SAFE & LEGAL HOUSING.**

Why do you believe the actions described above were based on the disability?

I BELIEVE IF I HAD NO DISABILITY-BASED RELOCATION REQUESTS, THEY WOULD NOT BE WITHHOLDING PUBLIC SERVICES FROM ME. THEREFORE THEIR ACTIONS ABOVE - I BELIEVE WERE DEPENDENT UPON MY DISABILITY.

Please select the option(s) most similar to your source of income.

- [x] Housing Choice Voucher/Section 8
- [ ] Other source of income

What happened to you because of your source of income?

Treated differently in the terms or conditions of the residency

Please describe in detail how the action was related to your source of income.

Date	The person who harmed you	The action they took against you
08/07/2026	**CITY OF EUGENE GOVERNMENT - CITY MAYOR, CITY MANAGER, CITY WARD, CODE & COMPLIANCE SUPERVISOR, INSPECTIONS SUPERVISOR**	**WILLFUL NEGLECT TO PROVIDE PUBLIC SERVICES UPON CONFIRMATION FROM PLANNING & DEVELOPMENT THAT MY DWELLING HAS NO CERTIFICATE OF OCCUPANCY. ALL CORRESPONDENCE & SERVICES STOPPED - INCLUDING THE CLOSURE OF CASE #2501591 WITHOUT RESOLUTION, INTERFERING WITH MY RELOCATION TO SAFE & LEGAL HOUSING.**

Why do you believe the actions described above were based on your source of income?

I BELIEVE IF I HAD MY OWN MEANS TO RELOCATE, THEY WOULD NOT BE WITHHOLDING PUBLIC SERVICES FROM ME. THEREFORE THEIR ACTIONS ABOVE - I BELIEVE WERE DEPENDENT UPON MY HOUSING STATUS.

Comparison Information

Are there other individuals who were treated similarly to or differently than you? ☐ Similarly ☑ Differently ☐ No

Comparator First Name

SIERRA

Comparator Last Name

CARBARY

Comparator Telephone Number

458-250-1070

Comparator Email Address

sierracarbary@gmail.com

How were they treated similarly or differently?

What is this person's protected class or how is this situation related to yours?

GENDER, DISABILITY, HOUSING STATUS/SOCIOECONOMIC

Sign and Submit

Civil Rights Questionnaire

I certify that the information I have given on the Civil Rights Division's online questionnaire is complete and correct to the best of my knowledge. I agree to allow the Civil Rights Division to contact me, and I acknowledge that failure to respond to the Civil Rights Division's attempts to contact me may result in the closure of my inquiry.

I also understand that the online questionnaire is not a formal complaint filed with the Civil Rights Division.

Complainant's Signature

Sierra V Carbary

By entering your name above, you are signing this form electronically. You agree that your electronic signature has the same legal validity and effect as your handwritten signature on this document, and that it has the same meaning as your handwritten signature.